



45] Attorney Docket No.: ALX-149

PATENT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Yi Wang and Louis Matis
Serial No.: 08/311,489
Filed : September 23, 1994
For : METHODS FOR THE TREATMENT OF INFLAMMATORY
JOINT DISEASE

Commissioner of Patents and Trademarks
Washington, D.C. 20231

VERIFIED STATEMENT (DECLARATION)
CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, on the date below.

Date Mailed: December 5, 1994

12/5/94
(Date Signed)

Maurice Klee
Maurice M. Klee, Ph.D.



[47] Attorney Docket No.: ALX-149

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DECLARATION AND POWER OF ATTORNEY

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Maurice Klee
Maurice M. Klee, Ph.D.

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-2-

VERIFIED STATEMENT (DECLARATION)
CLAIMING SMALL ENTITY STATUS

(37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN

I hereby declare that I am :

- ☐ the owner of the small business concern identified below:
- ☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN: Alexion Pharmaceuticals, Inc.
ADDRESS OF CONCERN: 25 Science Park - Suite 360
New Haven, Connecticut 06511

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled

METHODS FOR THE TREATMENT OF INFLAMMATORY JOINT DISEASE

by inventors Yi Wang and Louis Matis

described in

- ☐ the specification filed herewith
- ☒ application serial no.: 08/311,489
filed: September 23, 1994
- ☐ patent no.: issued:

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

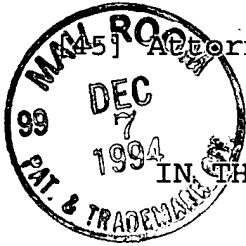
NAME: None
ADDRESS: _____
() INDIVIDUAL () SMALL BUS. CONCERN () NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small business entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Leonard Bell
TITLE OF PERSON OTHER THAN OWNER: President
ADDRESS OF PERSON SIGNING: 25 Science Park - Suite 360
New Haven, Connecticut 06511

SIGNATURE: Leonard Bell
DATE: 11/17/94



Attorney Docket No.: ALX-149

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS FOR THE TREATMENT OF INFLAMMATORY JOINT DISEASE

the specification of which

_____ is attached hereto
X was filed on: September 23, 1994
Application Serial No.: 08/311,489
and was amended on: _____ (if
applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

08867642-060297

PRIOR FOREIGN APPLICATION(S)

Number	Country	Date Filed (mo/day/yr)	Priority Claimed (yes or no)
_____	_____	_____	_____
_____	_____	_____	_____

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. APPLICATIONS

U.S. Application Serial No.	U.S. Filing Date	Status
_____	_____	_____
_____	_____	_____

PCT APPLICATIONS DESIGNATING THE U.S.

PCT Application Serial No.	PCT Filing Date	U.S. Serial Nos. Assigned (if any)	Status
_____	_____	_____	_____
_____	_____	_____	_____

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Maurice M. Klee, Ph.D.
Registration No.: 30,399

3 Seth A. Fidel, Ph.D.
Registration No.: P38,449

Send Correspondence and Direct Telephone Calls to:

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Full name of sole
or first inventor: Yi Wang 1-00

Inventor's
signature: [Signature]

Date: 11/18/94

Residence: Orange, CT 06477 CT
Citizenship: People's Republic of China
Post Office Address: 270 Sylvan Valley Road
Orange, CT 06477

Full name of second
joint inventor: Louis Matis 2-00

Second inventor's
signature: Louis Matis

Date: 11/18/94

Residence: Southport, CT 06490 CT
Citizenship: U.S.
Post Office Address: 775 Flintlock Road
Southport, CT 06490

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